

ADDRESS AND/OR NAME CHANGE FORM

Notify DPR of an address or name change immediately in accordance with Title 3, CCR Section 6508. DPR relies on its address files for notifying licensees and certificate holders of upcoming license renewal and important communications. You can notify DPR of any change by filling out this form, signing it, and sending it to us at: DPR Pest Management and Licensing Branch, Licensing and Certification Program, P.O. Box 4015, Sacramento, CA 95812-4015. Please check change to be made.

Note: For a P.O. Box or an R.D. Number, please indicate a physical address or location.

☐ **ADDRESS CHANGE FOR:**

☐ Check if requesting a new license or certificate; a fee of \$20 is required.

Name: _____
(Individual's or Business Name)

Previous Address: _____
(Number & Street) (City) (State & Zip Code)

New Mailing Address: _____
(Number & Street) (City) (State & Zip Code)

New Physical Address: _____
(Number & Street) (City) (State & Zip Code)

Phone Numbers: _____
(Work) (Home) (E-mail Address)

☐ **NAME CHANGE:**

A name change requires a \$20 fee and legal documentation such as fictitious name statement and/or corporate papers for business name changes. Individuals require documents such as marriage certificate or name change documents.

Previous Name: _____

New Name: _____

Please check the license/certificate type(s) for which you need to make an address and/or name change.

New Name: _____

Previous Name: _____

☐ Agricultural Pest Control Adviser License # _____

☐ Qualified Applicator License # _____

☐ Qualified Applicator Certificate # _____

☐ Aircraft Pilot Pest Control Certificate AP# _____ JP# _____

☐ Pest Control Dealer Designated Agent Card # _____

☐ Pest Control Business License # _____

☐ Maintenance Gardener Pest Control Business License # _____

Business License # _____

☐ Maintenance Gardener Pest Control Business: License # _____

Business License # _____

Print Name: _____ Title: _____

Signature: _____ Date: _____